MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040170

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5769 STATE FILE NUMBER

FILED NOV 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	709	-	
3			
4	0		
5	1		
6			
7	1		
8	1		
9	162	1	
10			
11			
12	57-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
   a. COUNTY: Jackson
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
   Length of stay in 1b: 2 11 days
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital
   Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo
   b. COUNTY: Jackson
   c. CITY OR TOWN: Raytown
   Inside Limits: Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location): Rt #17
   Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Vern Middle Leon Last Smith

4. DATE OF DEATH: Month October Day 23 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/21/1903

9. AGE (last birthday): 60
   IF UNDER 1 YEAR: Months Days
   IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENENCE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): IOLA, KANSAS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: unknown

13b. MOTHER'S MAIDEN NAME: ALIEN BELLE BRUNK

14. NAME OF HUSBAND OR WIFE: Blanche Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT: Blanche Smith Address: Raytown Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): bronchogenic carcinoma
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b):
   DUE TO (c):
   INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-15-63 to 10-23-63 and last saw her him alive on 10-23-63
   Death occurred at 1:35A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. Frank Ellis MD

22b. ADDRESS: 2400 Cherry

22c. DATE SIGNED: 10-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10/24/1963

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county) (State): Harrison Arkansas

24. FUNERAL DIRECTOR ADDRESS: C.N. Blackman & Son K.C. Mo

25. DATE RECD. BY LOCAL REG.: 10-24-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Ash. C, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.